

REPORT OF LEGAL BLOOD ALCOHOL TESTING

(Submit in duplicate.)

Section I - Statement of Requesting Officer

I, _____, hereby request that blood be withdrawn from _____, social security number (SSN): _____, holding the grade of _____, and assigned to _____ for the purpose of determining its blood alcohol content.

Name, rank, badge number	Signature	Date	Time
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Section II - Statement of Person Drawing Blood

1. I am a ☐ physician ☐ registered nurse ☐ licensed laboratory technologist.

2. A blood specimen was withdrawn by me at _____, on _____ from the _____ area of the body and placed in _____ container(s) with sodium fluoride (not less than 10mg per milliliter of blood), total blood volume submitted not less than 5 milliliters whole blood. A non-alcoholic skin preparation was used. I sealed the container(s), identified by a label bearing the **name** and **SSN** of the patient, **date**, **time**, **my initials**, and the **puncture site**.

3. The sealed container(s) (was) (were) delivered to (a locked box) (the first person named) in the chain of custody in section III below.

Name, rank	Signature	Date	Time
Organization			

Section III - Chain of Custody

Each individual charged with the chain of custody of the specimen will complete the information below concerning himself or herself.

Printed name Signature	Organization	Date received Time received	Comments

Section IV - Laboratory Report

The seal(s) of the vial(s) containing the above specimen(s) was/were intact upon receipt. Said vial(s) was/were opened by the analyst and determination performed immediately. Blood alcohol level of the specimen was found to be _____ percent of whole blood, determined at _____, on _____ (time) (day) _____ (month) (year).

Method of analysis	Signature of certifying official
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Section V - Release of Report

From: (Printed name, rank/grade)	To: (Printed name, rank/grade)
Signature	Signature
Organization	Organization